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ABSTRACT

This paper describes the Diagnostic Reading Clinic program, which is part of the Cleveland School System. The first section is an introduction which focuses on the needs and rationale of the program, the goals and objectives of the program, the historical background of the program, and the questions to be answered by evaluating the effectiveness of the clinic's services. The second section focuses on the highlights of the findings of the evaluation, implications and recommendations, and a description of the project, including participants' characteristics, and project operations. The third section focuses on the methods for evaluation, including the basic design, main findings, teacher opinions, parent opinions, the impartial observation team, follow-up consultants, and a correlation study. Eight detailed appendixes are included. (TS)

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DIAGNOSTIC READING CLINIC

TITLE I EVALUATION

1974-1975

Fund 58 • Component 4

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DIAGNOSTIC READING CLINIC

I. INTRODUCTION

Needs and Rationale

Massive attacks upon reading failure have been launched in the schools of Cleveland. Pupils with severe reading disabilities which are not readily corrected in the classroom reading process, have been identified. For them, the services of the Diagnostic Reading Clinic are needed to provide individual assessment and corrective procedure specifically designed for unique reading disabilities. Multi-diagnostic services and prescriptive approaches support the child's reading efforts.

It has been well documented that reading disabilities limit future employment and educational opportunities. In recognition of the critical relationship of inadequate reading skill in the syndrome of alienation and disenchantment concerning the school experience, the Cleveland Schools have implemented the Diagnostic Reading Clinic program as an integral part of its Title I services.

The goals of the Diagnostic Reading Center include the following objectives:

1. Pupils meeting program referral criteria and completing the prescribed term of service will attain an appropriate level of functional reading for their reading expectancy which shall be determined by the Bond-Tinker formula.

Certain criteria will be indicative of appropriate functioning:

a. independent pupil performance with materials at least half of the time will be reported by teachers for one out of two pupils receiving full service

b. achievement on standardized reading tests and inventories within one year of reading expectancy by two out of five pupils receiving full service

2. All pupils will receive the coordinated services of related disciplines in the diagnosis and correction of reading difficulties.

3. Parents of at least 75 per cent of participating pupils' parents will be involved in support of the center's effects to remediate the reading disabilities of their child.

4. At least 75 per cent of classroom teachers will evidence contact with project staff in regard to instructional techniques and progress of referred pupils.

5. Approximately 50 per cent of pupils with post program status indicating a need for continued support in home schools will receive the services of follow-up consultants where logistically possible.

Historical Background

Since February, 1967, the Diagnostic Clinic has been operated under Title I Funding. It was originally established under an Office of Economic Opportunity grant in 1966 and located in property adjacent to Lulu Diehl Junior High School. To enlarge facilities, operations were transferred to Jane Addams Annex in 1968. The Clinic has provided remediation services in greater intensity and scope than could have offered in the usual classroom setting.

Certain redirections have been incorporated into the program during its seven years of operation as a result of process evaluation. These have included:

- Enlarged facilities to meet program needs;

- Designed flexible remediation periods so that "long", "moderate", or "short" term services could be provided according to prognosis for pupil;
- Planned parent visitation program and feedback service for classroom teachers of pupils being served at the clinic to facilitate teachers' reinforcement of pupil progress;
- Satellite clinic centers;
- Follow-up Consultant service.

During the 1969-70 school year, Clinic services were provided to 532 pupils. Evaluation results indicated substantial improvement in reading performance had been attained for 60 per cent of the pupils. Clinic services during 1969-70 appeared to have more impact than during the previous year (1968-69) when 49 per cent of the participants attained an appropriate performance level in relation to their reading expectancies. During the 1970-71 project year, 846 pupils received Clinic diagnostic services and instructional treatment. Evaluation showed that approximately 37 per cent of participants achieved reading gains which placed them within the criterion level considered appropriate for their reading expectancies. A total of 1,515 pupils received services from the Diagnostic Reading Program including pupils served by Satellite Clinics and Follow-Up Consultants during the 1971-72 school year. Service was provided to 1,903 pupils during the 1972-73 school year, when evaluation results reflected 37.9 per cent of pupils had improved their reading performances to a status of within one year of reading expectancies. The 1973-74 school year ended with 2,356 pupils having been served by the Diagnostic Reading Clinic.

It was determined that 45.7 per cent of this enrollment narrowed the discrepancy between pretest and posttest to within one year of their reading expectancies.

This evaluation focuses on services of the Diagnostic Reading Clinic during 1974-75. A total of 2,171 pupils, (2,132 public and 39 non-public school pupils), received services from the Diagnostic Reading Program, Satellite Clinics and Follow-Up Consultants' program. Staff included 60 persons. Of this number 47 were professionals and 4 paraprofessionals. Clerical staff and drivers comprised the remainder.

The program provided correctional reading services, psychological assessment, referral services for health and medical problems, speech and hearing examinations, visual health screening and parent coordination.

A Follow-Up Consultant Program was instituted in 1972-73. During the 1974-75 school year, eight clinicians provided follow-up services for 510 pupils returned to the classroom.

Cost information for the project showed a per pupil cost of $458.68 based on a total expenditure of $995,785 and a service level of 2,171 pupils.

Questions to be Answered by Evaluation

The evaluation focused on the following questions to assess the effectiveness of the Clinic's services:

1. What degree of success of remediation was achieved for pupils receiving the services of the clinic?

2. What improvement was observed by classroom teachers whose pupils participated in this program?

3. What were the perceptions of parents about pupils' improvement and the services of the clinic?

4. What were the observations of school staff about strengths, weaknesses and recommended future directions for the clinic?

II. HIGHLIGHTS OF FINDINGS

Summary of Key Findings

It should be recognized in interpreting results of this evaluation that participating children have exhibited low levels of reading mastery for most of their school experience. Establishment of "fair" criteria for progress represents an exceedingly difficult task. Obviously, the method applied in this program--use of a reading expectancy formula, is only one way to resolve the problem of reporting "real" progress. It attempts to provide "individualized" progress levels, rather than a "theoretical" average mark that all children must make. It can be generally stated that given the previous rate of learning of the pupils, clinic services have facilitated their progress.

Specific questions addressed by this evaluation and the findings follow:

1. What degree of success of remediation was achieved for pupils receiving the services of the Reading Clinic?

   - Using a criterion of within one year of reading expectancy as "an appropriate level of performance", more than two out of five pupils, 45.7 per cent improved their performance level to within one year of their reading expectancies.

2. What improvement did pupils receiving long, moderate and short term service make?

   - Moderate-term pupils, reflected an average gain of seven grade equivalent units from pre to posttesting in a period of four months of project participation.

- Short-term pupils showed an average grade equivalent gain of almost eight months between their reading expectancies and reading performance levels. This gain was achieved in an average service period of two and one half months.

- Long-term pupils (the most seriously disabled group), attained an average grade equivalent gain of six months in an average service of six months.

Chart I summarizes the average gains between performance levels and reading expectancies for these services groups.

CHART I

AVERAGE GAINS BETWEEN READING PERFORMANCE LEVELS AND READING EXPECTANCIES

Service Group	No. Pupils in Sample	Average Gains in G.E. Units	Periods in Mos.
Long	15	6.20	6.10
Moderate	48	7.00	3.94
Short	29	7.30	2.50
Total Sample	92	6.80	4.18

3. What evidence of progress did pupils exhibit in terms of final marks in reading materials in the classroom?

- No "A" marks were assigned pupils in this sample. Approximately eight per cent of pupils received "B", 49.3 per cent "C", 29.9 per cent "D" five per cent "F", while no grade was assigned to nine per cent.

- Teachers rated a total of approximately 72 per cent of pupils (72.2) as able to handle classroom materials from "always" to "sometimes".

4. What were teachers perceptions of the program's services on pupil progress?

   - Classroom teachers rated the greater number of referred pupils in the middle to lower fifth of the class enrollment in word analysis and comprehension skills. At least from nine to 18 per cent of the sample populace were rated in the second and top fifth of the class enrollment in each of the rating sheet skill areas. The largest per cent (18 per cent) appeared in participation in the reading group.

   - Positive directions of pupil reading growth behaviors were noted in:

     - participating in the reading group
     - completing written assignments
     - self-confidence
     - peer rapport
     - general attitude toward school.

5. Did teachers visit the clinic?

   - Approximately 59.7 per cent of the teacher sample reported having visited the clinic during the 1974-75 school year. Teachers reported better understanding of clinic process.

     Approximately 74.6 per cent of teachers in the sample of 67 teachers who returned their opinionnaires stated that they had been invited to visit the clinic.

Approximately 18 per cent stated that they did not receive the invitation. Seven and one-half per cent did not respond to the question.

6. What were parents' opinions about pupil progress?

   . Parents reported that their children liked attending the clinic. They had noted more home reading, increased interest in library books, and expanded vocabulary.

7. How are pupils progressing who received support from Follow-Up Consultants during the 1974-75 school year?

   Follow-Up Consultants assisted 510 pupils in grades four, five and six who had been clinic participants. Performance standings for 86 sixth graders from this group were observed from posttest Gates-MacGinitie Reading Tests forms A through D, which were used to determine the reading power of pupils. The mean pooled standard score of 49.50 placed these pupils in stanine five on the power test. Performance standings for this group of pupils on the Comprehensive Tests of Basic Skills, Form Q, Level 2 in city-wide testing was stanine 3.

   Scores for a random sample of 36 fourth graders who had received reading support from the Follow-Up Consultants were found to generate stanine 4 reading performance status on the Comprehensive Tests of Basic Skills, Form Q, Level 3. The mean standard score for this group was 50.77 equal to the test norm of 50, stanine five, on project testing with the Gates-MacGinitie Test.

Implications and Recommendations

A review of the analysis of data from the Diagnostic Clinic revealed that the use of a diagnostic-prescriptive approach with pupils whose reading problems were severe was effective. It must be recognized that the degree of severity of reading difficulties which has become compounded over the child's school history may necessitate longer periods of intensive treatment time for some pupils. It was determined in the 1974-75 evaluation that gain yield was greater for short-term pupils than for moderate and long-term groups. The mean scholastic aptitude scores for moderate and long-term groups were at least one standard deviation below the expected mean of 100 for a typical child. The mean scholastic aptitude score for the sample was 87.47. Gains for pupils in the sample were greater than would have been expected on the basis of aptitude scores. The per pupil cost for gains achieved among the 1974-75 groups was determined to have been

Recommended additional components of service, Satellite Centers and Follow-Up Consultants, have augmented the services which the Diagnostic Reading Clinic has rendered to selected pupils.

Recommendations

The Diagnostic Clinic of the Cleveland Public Schools has demonstrated that with proper diagnostic and remediation techniques, the seriously reading disabled child can be helped. It is recommended that the services provided by the clinic continue.

- continue application of the selection criteria to insure that Clinic services are extended to those pupils whose severity of reading disabilities would be amenable to the types of remediation offered

- continue the Teacher Visitation program to strengthen the liaison between the clinic and classroom teacher

- seek ways to increase parent visitation at the Clinic site, Satellite Clinics and with the follow-Up Consultants

- continue follow-up services to pupils after service from the Diagnostic Reading Clinic where such service can be provided feasibly.

III. PROJECT DESCRIPTION

Participants' Characteristics

Clinic records indicated that the following numbers of pupils at each grade level were served by the Diagnostic Clinic.

Grade	Public	Non-Public	Total
4	756	12	768
5	843	6	849
6	525	15	540
7	7	5	12
8	1	1	2
Total	2132	39	2171

Grade four pupils comprised 35.4 per cent of the 1974-75 clinic population. Approximately 39.1 per cent of the pupils were from Title I fifth grades, 24.9 per cent from grade six, .06 per cent from seventh and .09 per cent from grade eight.

From the total group receiving diagnostic services, 1661 were assigned at the Clinic site for the correctional reading program according to the following treatment categories:

- Long-term service, 146 pupils representing 8.8 per cent of the service
- Moderate-term service, 986 pupils, representing 59.3 per cent of the service group
- Short-term service, 529 pupils, representing 31.9 per cent of the service group
- Follow-Up Consultants served 510 pupils.

By the end of the 1974-75 school year, 1661 pupils had been diagnosed and had received remediation. Follow-up consultants had assisted 510 pupils in their home schools.

It must be recognized that many pupils referred to and diagnosed by the clinic cannot receive immediate clinic placement for the following reasons:

1. The Clinic provides diagnostic service to pupils throughtout the year as teachers and principals submit referrals.
2. The Clinic is operating with capacity enrollment at the time that the current school year referrals are made.
3. In some instances, Clinic diagnostic procedures had revealed uncorrected health needs. At this time, referral

to the appropriate community facility with counseling to the parent is necessary prior to clinic remediation.

4. Clinic diagnosis reveals the pupil's reading deficiencies can be remediated within the classroom by the classroom teacher with consultation by clinicians.

The non-public to public school service ratio, as can be seen in Chart I, was slightly less than one out of 18 pupils (1.8 per cent). Almost three fifths of project participants were boys (58.8 per cent), which condition appears to reflect a slight increase in the pattern of greater incidence of reading problems for boys. The previous year's evaluation reflected one out of two boys (50.8 per cent.)

Average daily membership during the school year approached 520 pupils. Participants received service for an average of five hours per week during their assignment time. Attendance for the three service groups average 54.5 days for short-term pupils.

The long-term service periods ranged from six months and more, with the following distributions.

- 25.0 per cent of pupils spending eight months
- 12.5 per cent of pupils spending seven months
- 62.5 per cent spending six to six and one-half months

Moderate-term service fell into the following patterns:

- 20.4 per cent, five months to five and one-half months
- 40.7 per cent, four to four and one-half months

- 38.9 per cent, three to three and one-half months

Assignment periods for short-term pupils were:

- 62.1 per cent, three months
- 24.1 per cent, two to two and a half months
- 17.2 per cent, one to one and a half months

Diagnosis with the Gates-McKillop Diagnostic Reading Test which was individually administered to every child diagnosed at the Clinic, revealed a full range of reading problems. Generally, these areas of difficulty involved weakened word attack skills and inadequate auditory discrimination powers. Chart II shows the subtest results with average grade equivalent scores and the range of grade equivalent scores. These data show low levels of auditory and visual skills at the core of the problem for children referred to the clinic.

These data point to a need for improved monitoring of pupil progress toward reading mastery. When usual classroom approaches do not reach children, alternatives related to instruction and reading materials have to be explored. These alternate strategies in addition to systematic monitoring process, delivery of appropriate intervention strategies, and staff development programs to improve teacher competencies in dealing with auditory and visual reading problems must be employed to reduce significantly the current incidence of severe reading difficulties.

Project Operations

The Diagnostic Reading Clinic continued the practice of providing flexible periods of remediation during the school year 1974-75.

CHART II

SUMMARY OF RESULTS

GATES-McKILLOP DIAGNOSTIC READING TEST
AVERAGE GRADE EQUIVALENT SCORES

Subtest	Long-Term	Moderate-Term	Short-Term
Oral Reading	2.8	3.0	3.4
Words: Flash Presentation	3.4	3.6	4.2
Words: Untimed Presentation	3.2	3.6	3.8
Phrases: Flash Presentation	2.5	4.2	4.6
Knowledge of Word Parts			
. Recognizing and Blending Common Words Parts	2.5	3.6	3.9
. Giving Letter Sounds	2.5	2.6	3.2
. Naming Capital Letters	2.8	2.2	3.2
. Naming Lower Case Letters	2.2	2.2	3.2
Recognizing the Visual Form or Word Equivalent of Sounds			
. Nonsense Words	2.2	3.2	4.9
. Initial Letters	2.9	2.6	3.9
. Final Letters	3.2	3.9	3.6
. Vowels	3.2	3.2	4.2
Auditory Blending	1.9	3.0	2.9
Range	1.9-3.4	2.2-4.2	3.2-4.6

This arrangement individualized program services for the participants. Long-term service was made available to pupils for whom the prognosis suggested at least a six month to nine month remediation period. Moderate-term instruction was assigned to those pupils requiring from three and one-half to six months of correctional services. Short-term remediation was assigned to pupils exhibiting more specific disabilities and a higher level of mastery of auditory and visual reading skills. Pupils in the short-term service group received services ranging from one to three months.

Case studies were developed by the Clinic staff using an interdisciplinary approach for all pupils served. A total of 100 parent contacts* were reported including individual conferences with 76 parents, 30 home visits, 72 parental classroom visits, and 21 small group meetings at the Clinic site attended by 28 parents. Records indicated that 226 hours were spent in providing parental involvement activities.

Diagnosis of pupils included individual psychological assessment by Clinic psychologists and clinicians. Assessment procedures included measures of scholastic aptitude, visual and auditory perception, word analysis skills, oral and silent reading, listening level and comprehension skill. Medical histories of each pupil were also compiled. Sight and hearing deficiencies were identified and appropriate speech evaluations made for all pupils. Case study information also included observations about current school performance from the classroom teacher

*Unduplicated Count

and records of past school history. These data were compiled in an attempt to identify critical factors contributing to the pupils' reading disabilities.

Transportation was provided by Clinic minibuses. Pupils were shuttled to and from their home schools to the Clinic on a daily basis.

Directed by the Educational Program Manager of the Reading Instruction Program, the staff included a total of 60 persons. Personnel included a project manager, 35 reading clinicians, (2 part-time), 3 full-time and 3 part-time psychologists, 1 speech therapist, a nurse, 4 teacher aides, one clerk, 8 drivers and 1 full-time parent coordinator. Overall teaching experience for the staff ranged from 2 to over 20 years. Twenty-five professionals held the master's degree. A total of 37 members of the professional staff had over two years of teaching experience in Title I programs.

Average time devoted to reading instruction in the upper elementary grades approaches 25 per cent of total instructional time. Per pupil expenditure for reading in the upper elementary levels' regular program approximated $153.67 during the 1974-75 school year. Diagnostic reading instruction appeared to cost about $458.68 per pupil in the upper elementary grades, Therefore in addition to the usual $153.68 expanded for instructional costs related to reading,an additional $458.68 per pupil was provided for pupils receiving program services.

Diagnostic Clinic services were provided with a total cost of $995,785 using a total of 2,171 pupils who received diagnostic and

* General Fund Per Pupil Expenditure, 1974-75

**Charges to Account 200, Instruction plus Fixed Charges

remedial services. Calculation of the cost of each .1 grade equivalent units achieved by the pupils using the overall average of .68 grade equivalent units of gain evidenced by the total sample results indicated a cost factor of $67.45 for each grade equivalent unit.

Satellite Clinic Centers and Follow-up Clinicians

Three Satellite Clinic centers were in operation during the 1974-75 school year. Centers were located at Hough and John D. Rockefeller schools in the East District. The third center was located at Walton school in the West District. Two new centers opened at Tremont and Charles Dickens. Children from neighboring schools, who met the Clinic's criteria, received the diagnostic workup at the Diagnostic Reading Clinic. Intensive treatment for these pupils was given by trained clinicians in the Satellite Centers. In this manner, additional pupils could recieve the benefits of clinic treatment.

The Follow-up Consultant component was added to the Diagnostic Clinic in 1972-73. Evaluation results, in addition to the recommendations for parents and teachers, provided recognition of needed support for some pupils, who had attended the Diagnostic Reading Clinic and had demonstrated reading gains after service, but evidenced faltering tendencies immediately support was removed. It was the responsibility of the Follow-up Consultant to continue the prescriptive treatment plan for those pupils (prior Clinic participants) whom their teachers recommended in need of additional support. The 1974-75 school year saw eight Follow-up Consultants providing this type of assistance to 510 pupils in 25 schools.

IV. EVALUATION

Basic Design

The nature of the Diagnostic Clinic program precluded the use of an experimental-control design for evaluation of services. An individual-vs.-self assessment was employed to introduce an objective dimension in the judgment of pupil progress toward a performance level relevant to the particular pupil's strengths.

The evaluation focused on the following factors:

- Improvement of pupils' reading performance in relation to their reading expectancies as established by the Bond-Tinker formula
- Services provided by the Clinic
- Parent and Staff Perceptions

Chief data sources included:

- Stantardized Reading and Scholastic Aptitude Tests
- Teacher observation of pupil progress
- Parent observation of pupils' reading at home and their feelings regarding program effect.

Reading performance was assessed through the use of the Gates-MacGinitie Reading Tests, Primary A, B, C and D, Form 1 and 2. These tests provided pre and post-program measures. The Gates-McKillop Reading Diagnostic Test, Form 1 was used as the individual diagnostic instrument. Scores from the Gates-MacGinitie Reading Comprehension Test were compared with the reading expectancies generated for each pupil to determine their progress. The reading expectancies were obtained by means of the Bond-

Tinker formula as explained in the section of this report dealing with the main findings.

The sample used for this evaluation consisted of 91 pupils randomly selected from the Clinic's files. Forty-five of the Title I schools were represented in this sample. Median age of the sample was 10.9. Approximately 31.9 per cent of the sample were short-term, 59.3 per cent moderate-term and 8.8 per cent were long-term.

Teachers of the pupil sample completed a pupil rating sheet on which were recorded ratings of the pupil's performance in the classroom, descriptions of their reading difficulties, final reading marks and recommendations for the program. Approximately 74 per cent of the teachers returned completed ratings of pupils in their classes who were in this sample.

Parent questionnaires were returned by 22 per cent of the 91 pupils in this sample. Parents reported observations of pupil reading progress and provided recommendations about the program.

Appendix I lists the number of pupils in the evaluation sample and schools represented in the evaluation report. Change scores reflecting the differences between reading expectancies and performance are reported in Appendix II. Appendix III contains the pupil rating sheet results submitted by classroom teachers and Appendix IV, results of the parent questionnaire.

Main Findings

A major consideration for this evaluation was:

1. How many pupils improved their reading skill so that they could be considered to be performing at an appropriate level?

A criterion of within one year of reading expectancy was considered to be an "appropriate level of performance." A second criterion was independent performance by pupils with materials in the regular classroom.

The evaluation was concerned with the change between the pupil's reading expectancy and functioning level in reading. The Bond-Tinker formula for reading expectancy was used to establish an optimum level for each pupil's progress. The formula is the product of the pupil's years in school, his scholastic performance as indicated by a deviation I.Q. score such as that obtained from the Wechsler Intelligence Scale for Children and the pupil's years in school (years in school $\frac{\text{IQ score}}{100} + 1.0$). This procedure of comparison of pre and post-program standings for each pupil in relation to their expectancy was preferred to the practice of relying on comparisons with absolute standards reflected by so-called norms. Comparison with norms ignores the ability level and school experience of the youngster being compared. The performance units used were grade equivalent scores obtained from the Gates-MacGinitie Reading Comprehension Test which was administered on a pre and post-program basis.

The "appropriate level of functioning" was set according to the classification system delineated by Wilson which prescribes tolerable discrepancy scores in relation to the grade levels. An average of these (.8 for the fourth grade, 1.0 for the fifth and 1.2 for the sixth grade levels) produces an average discrepancy score of 1.0 which was applied in this evaluation. It was considered that pupils performing within a year

Wilson, Donald B.; Diagnostic and Remedial Reading; Columbus, Ohio; Charles E. Merrill Books, Inc.; 1967.

of their expectancies would be at an appropriate level and would not be considered disabled.

Results indicated that on the basis of post program reading comprehension scores, more than two out of five pupils (45.7 per cent) in the total service group narrowed the discrepancy between their performance levels and reading expectancies to 1.0 or less grade equivalent units. Average gain was 7.4 in an average period or 4.6 months for the total service group. Greatest increase in performance was noted for the moderate-term group where about two out of five (41.7 per cent) attained the criterion performance level--within one year of their reading expectancies. In an average service period of 3.94 months the average gain in grade equivalent units for this group was 7.00 months.

For the long-term pupils, slightly less than two out of seven, (13.3 per cent), achieved the criterion level. Average gain for this group was 6.2 grade equivalent units in an average service period of 6.1 months. Appendix II presents lists of specific gain or loss as determined from sample data.

Slightly more than 55 per cent of the short-term pupils reached the criterion for the program. This group averaged gain of 7.3 months in an average period of two and one-half months.

Scholastic aptitudes of pupils referred as potential participants for Clinic services were revealed at the time of testing. It was recognized that results indicated capabilities at that point in time. The following table reflects the results.

MEDIAN SCHOLASTIC APTITUDE
OF SELECTED PUPILS

Term	Range	Median
Short	69-110	92.60
Moderate	71-123	89.50
Long	65-112	80.30
TOTAL	65-123	87.47

The wide range of abilities shown in the foregoing table is representative of the Clinic's responsibility to the reading needs of children. Complete diagnostic procedures demonstrated that variables were operative for a limited number of selective participants whose abilities were above that set by the criteria. It was considered that these variable might be amenable to correction through Clinic services. The median intelligence quotient of 87.47 places pupils in this category at a minimum.

Inspection of Chart III reveals that 66.7 per cent of the long-term pupils began their program at the Clinic with a level of -2.1 and below their reading expectancies. Approximate 64.6 per cent of the moderate-term pupils began in the Clinic program with performance levels of two years below their reading expectancies, while 27.6 per cent of the short-term group did. This would suggest that according to the Bond-Tinker formula, more than one-half of the long and moderate-term pupils were not performing within a tolerable range of their expectancies. It should be recognized however, that the formula is not a selection tool.

It generates an individualized goal for each pupil based upon some emperical evidence of reading skill growth.

In appraising the impact of clinic services in terms of the total pupil group, the numbers of pupils at and above their expectancies increased about 11 per cent in the 1974-75 sample as compared with the 1974-75 sample. Before service about one out of seven pupils (15.3 per cent) were at or above a tolerable level, while after service more than two out of five pupils, (about 45.7 per cent), were at this level.

Clinic services during the 1968-69 and 1969-70 years resulted in 42 and 60 per cent of the pupils, respectively, placing within a year or less of their expectancies. In the 1970-71 evaluation 40 per cent of the service group reached the criterion. The most noticeable change in the 1970-71 evaluation was the depressed number of pupils in the long-term group who attained the criterion level although this group achieved the greatest gains of all the service groups. The 1971-72 long-term group again reflected problems which were not as readily improved by service. Appendix V includes the data related to differences between reading expectancy and performance level observed for the 1968-69, through 1974-75 school years.

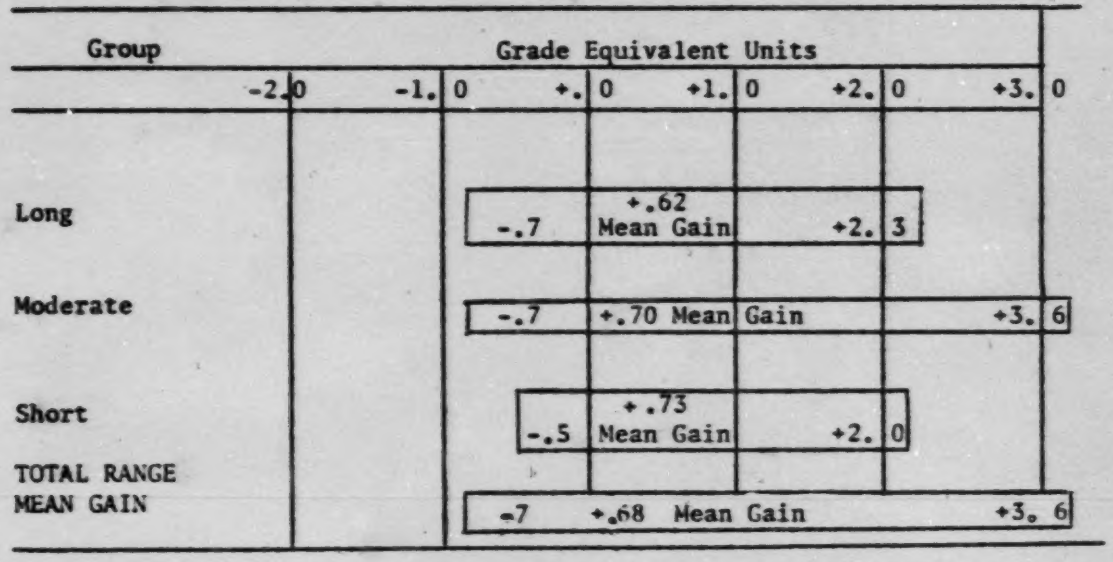
A second question of interest in the evaluation involved:

> What improvement did pupils receiving long, moderate, and short-term service make in reading?

When pre-program differences between reading expectancy and performance level were compared with those observed at the close of the program, the following average gains occurred for the various assignment groups.

CHART IV

RANGE OF GAIN SCORES BETWEEN PRE AND POST-PROGRAM READING EXPECTANCY AND READING LEVELS (BASED ON COMPREHENSION SCORES)



The average term of service for the total pupil group was 4.17 months. For the long-term group, the average was 6.10 months. The moderate-term average service period was 3.94 months, while the short-term average was 2.50 months. Relating average assignment period to average gain in grade equivalent units indicates that progress for the long-term group, the most severely disabled, was slightly more than average growth which could have been anticipated for typical pupils making progress at the rate of 1. grade equivalent units per month in relation to an increasing expectancy of .1 units per month. Moderate-term pupils maintained a progress rate almost twice that considered to be typical in an average service period of four months. Short-term pupils achieved an average gain three times that considered typical in an average service period of two and one-half months.

Progress of pupils in the current Clinic sample, surpassed that attained by the 1968-69 service group. Compared with the 1973-1974 sample, the short-term group in the 1974-75 sample exceeded the performance of the group in the previous year's evaluation. Appendix VI summarizes the gain scores obtained by the previous samples during 1968-1973.

An additional dimension of the progress rate reflected by the current Clinic service groups can be seen from the standard scores obtained on the pre and post program vocabulary and comprehension tests (Gates-MacGinitie series). Comparable growth was evident in comprehension and vocabulary for long, moderate and short-term pupils. Chart V presents the standard scores obtained.

CHART V

POOLED PRE AND POST-TEST STANDARD SCORE MEANS
GATES-MACGINITIE READING TESTS
PRIMARY FORMS A,B,C,D,
LEVELS 1 and 2

Term	No. of Pupils	Vocabulary		Comprehension	
		Pre	Post	Pre	Post
Long	15	45.25	51.81	40.69	51.44
Moderate	48	47.39	54.57	43.35	52.84
Short	29	45.21	54.18	47.57	54.25
SUMMARY N	92	45.95	53.52	43.87	52.84

Four forms of the Gates-MacGinitie tests were used--Forms A, B, C and D. The standard score scale provided by the publisher of the tests allows the pooling of these scores. Levels of significance were determined. Significant differences were observed in test performance levels for the three service groups and are presented in Chart V-a.

It should also be recognized that the average scholastic aptitude scores for pupils in the moderate and long-term service groups during the 1974-75 year were at least one standard deviation below the mean of a typical population (100). The gains for these groups were significantly greater than would have been anticipated on the basis of these scores.

Gain scores of the 1974-75 sample were related to scholastic aptitude scores from the WISC to identify to what degree gains between expectancy and performance level were associated with these scores. Chart VI shows the relationship of the WISC score and average gain scores for the three service groups.

CHART VI

CORRELATION BETWEEN AVERAGE GAINS AND WISC SCORES

DIAGNOSTIC READING CLINIC			
WISC SCORE	LONG-TERM	MODERATE-TERM	SHORT-TERM
106+	.900	1.870	.667
95-105	.900	1.050	.760
83-94	.340	.858	.617
71-82	1.450	.800	1.030
59-70	.800	--	1.000
Total-Correlation	.0582		

α p. $\leq$ .05=.2050

It may be interpreted that the p. $\leq$ .05 level of critical value (.0582) the sample correlation coefficient was not significant for the total group.

It may be observed that strong gains were made in the moderate and short-term groups within all ranges of scholastic aptitude. However, no conclusive evidence was afforded that gains in reading were directly related to scholastic aptitude scores. It may be interpreted that the reading successes achieved by pupils in this sample were the result of many factors.

CHART V-a

LEVELS OF SIGNIFICANCE
POOLED PRE AND POST
STANDARD SCORES

GATES-MACGINITIE READING TESTS
PRIMARY FORMS A,B,C,D
Levels 1 and 2

Term	No. Pupils	Vocabulary Mean Standard Score Pre	Vocabulary Mean Standard Score Post	t	Decision	Comprehension Mean Standard Score Pre	Comprehension Mean Standard Score Post	t	Decision	Criteria Level
Long	15	45.25	51.81	3.28	s	40.69	51.44	4.42	s	P ≤ .0005
Moderate	48	47.39	54.57	7.07	s	43.35	52.84	9.49	s	P ≤ .0005
Short	29	45.21	54.18	7.13	s	47.57	54.25	5.45	s	P ≤ .0005

s.- significant
n.s. not significant

Teacher Opinionnaires

Acquainting teachers with information gained by clinic diagnostic procedures, orienting them to the clinic process and providing an opportunity for observation of clinician's work with participants was considered vital to continued reading progress for the child upon return to the classroom. Invitation to visit the clinic was extended to all teachers of clinic participants. Approximately 74.6 per cent of 67 teachers, who returned the teacher opinionnaire reported that they had received an invitation to visit the clinic. Approximately 18 per cent stated that they did not receive the invitation with seven and one-half per cent not responding to the question. Almost three out of five teachers (59.7) per cent stated that they had visited the clinic, 37.3 per cent had not and three persons did not answer the question.

The summary of entry dates for participating pupils, by the teacher report, revealed 76.1 per cent of the 92 pupils in the evaluation sample had been enrolled at the clinic between September, 1974 and January, 1975. The remaining 23.9 per cent were enrolled between January, 1975 and June, 1975.

Teachers felt that the greatest reading problems experienced by pupils were:

1. Inference - Comprehension - still some trouble but greatly improving.
2. Vocabulary.
3. Word attack skills.
4. Phonics - being able to pronounce her words successfully.
5. Phonics - This child has an unusual lack of interest and respect for his school work.

6. Short attention span - hypertensive reaction to oral reading disability.

7. Comprehension; inadequate vocabulary, word attack skills poor.

8. Everything! Cannot spell words, writing illegible, also.

9. Comprehension - Syllabication.

10. Decoding, comprehension.

Final marks assigned to pupils showed teacher acknowledgement of improvement to the extent that 56.8 per cent of the pupils received "B" and "C" marks. Teacher marks are presented in Table 1.

TABLE 1

TEACHER MARKS

N	A	B	C	D	F	No Response
67	0.0	7.5	49.3	29.9	4.5	9.0

Pupils' ability to handle the usual reading materials of the classroom was one criteria deemed appropriate for teacher visibility of pupils' reading improvement. Teachers reported that 72.2 per cent of pupils evidenced functional use of classroom materials after participation.

USE OF CLASSROOM MATERIALS
TEACHER RATINGS

	Ratings				
N	Always	Most of The Time	Sometimes	Rarely	Not at All
67	4.5	28.9	38.8	17.9	9.0

Other facets of improvement were noted from "some" to "very much".

- pupil participation in group work 79.1
- written assignments 76.1
- confidence in reading attack 76.1
- general attitude toward school 61.2

Teacher observation of the child's use of free reading time reflected greater use of classroom reading materials, library books, newspapers, magazines and other reading resources.

Ranking of each pupil's placement within the classroom reading group were requested. Teachers ranked the 1974-75 sample of pupils from the "middle" to the "lowest" one-fifth of their peer group in all selected areas of reading presented to them. The areas were:

	Per Cent
• recognizing consonant sounds	76.1
• recognizing vowel sound	76.6
• identifying sight words for grade level	51.2
• pronouncing words at grade level	86.7
• reading orally without undue frustration	83.7
• finding main ideas	83.6
• following sequence	83.6
• getting meaning of words from context	89.6
• recognizing directly stated details	83.6
• drawing conclusions from facts or statements	91.0
• participating in the reading group	79.1
• completing written assignments	85.1

Improvement in reading was noted in phonics, structural analysis, self-confidence, critical reading and comprehension skills. Six teachers (9.0%) stated that they saw little or no improvement for children participating at the clinic from their classrooms. However two of the six teachers explained that lack of improvement was the result of lack of effort on the part of the child.

Few teachers offered recommendations for future consideration. Among recommendations offered were expressed desires that clinic service continue. Recommendations which the reading clinic might wish to considered were:

1. Children awaiting special classes do not tend to benefit as well in this or other reading programs and should not be included.

2. More attention should be given to pupils whose age and size increases their self-consciousness with younger and smaller children.

Parent Opinionnaires

Completed opinionnaires were returned by 20 parents of the 92 parents whose children were in the evaluation sample. This response represented a 21.7 per cent return. Five parents had sons in the program and 15 reported daughters as having participated. Six of their children were in the fourth grade, nine in the fifth and five in the sixth grade. Approximately 50 per cent of this group felt that the program had helped their child "very much". One parent saw "very little" help. The remaining 45 per cent (9) viewed their child's involvement as yielding "some" help.

Parent Ratings

Very Much	Some	Very Little	Not at All
50%	45.0%	5.0%	0.0%

Parents appraised their child's reactions to the program from complete enjoyment to preference for own school. Sample responses were:

1. He says its good because it helps him.
2. She likes it very much and is very interested in it. She would like to continue attending the program.
3. He experienced various ways of reading not available to other children.
4. He would like to stay at his own school and learn to read there.

More home reading was observed by 65 per cent of respondents, while 35 per cent saw no change. Accompanying this, 60 per cent of parents noticed increased use of library books. Seventy-five per cent of parents were notified of their child's acceptance for the clinic service

by letter, fifteen per cent received teacher notification and ten percent were told by their own child.

Parents thought the best things about the clinic were to be found in more attention to their childs' reading needs, greater understanding of what was read, expanded vocabulary and a chance for the slow reader to upgrade reading skills.

Parents stated that they supported their child's reading efforts with:

- help with words with which he had trouble
- help with pronounciation
- increased parent interest in what child was reading

Six of the 20 parents did not feel that the program had helped their child. Ninety-five per cent (19) of the parents felt that the program should be continued. One parent (5%) dissented. A negative personal attitude was evident throughout the responses of this parent. One objective of the Diagnostic Reading Clinic was encouragement of parental support for the reading efforts of pupils. The attitude of this parent was best demonstrated in response to the question:

What's the best thing about the program?

The response was:

> I don't know. He missed a lot of classes by going to the reading center, now he has to go to summer school to learn to read. Now our summer is ruined.

The responses of the remaining 95 per cent of parents were discussed in a previous paragraph.

The program solicited in-put from parents for future directions through the question:

> How do you think this program could be of more help to your child's reading?

Parents offered no suggestions for future direction stating that it was a good program, wishing more children could attend and recommending its continuation.

Approximately 25 per cent of the 20 parents visited the clinic. These parents had conferences with parent coordinator, or the assistant project manager in addition to observing their child work with the clinicians.

End of the year project reports showed that a total of 129 parents were involved in either planning, group meetings, individual conferences, parental classroom visits or were contacted through home visits.

Observation Team

The inclusion of input from a neutral observation team provided an additional dimension for project review. The team included a university person, coordinator of Language Arts from a neighboring city school district and a local school principal. The team was provided with a discription of the Diagnostic Reading Clinic model, an observation instrument and a schedule of visitation dates. A copy of the instrument and schedules are in the appendices. It was anticipated that the clinic would glean not only subjective measurement of the visibility level at which its operational style support its efforts to achieve its objectives with participants, but would lend suggestions for future directions for consideration. Each interviewer was provided an opportunity to discuss their observations with the Educational Program Manager at a debriefing session which came at the end of the observation visitation period. Two written summaries were received providing global appraisals and recommendations. The instrument provided space for summaries and recommendations based upon observations at individual sites.

Highlights and Recommendations

The following was drawn from summaries recorded on observation instruments pertinent to the Diagnostic Reading Clinic and its Satellite Centers in response to the first question in the summary section of the instrument:

1. What do you consider the strengths of the instructional procedures you have observed?

Subjective opinions were:

1. The instructor appears to know the weaknesses of the student and is applying the necessary techniques and materials to correct the deficiency.

2. A great deal of empathy for students is involved. Variety of material to meet needs of students involved.

3. Individual and small group instruction focused upon highly specific needs of children in skill areas. It was very evident that each of the children in this class had been diagnosed as to specific weaknesses and that the instruction zeroed in on diagnostic findings.

4. The warmth, enthusiasm and genuine concern for each child on the part of teachers. The varied activities in which children engaged throughout the hour. The success which each youngster was able to experience.

The second question asked:

1. How is this program addressing the reading needs of the pupils?

Overall opinion reflected high levels of visible opportunities for participants to improve reading levels.

Specific responses were:

1. Most effectively. All areas of reading and language development are being attended to. Children exhibit genuine interest and excitement in reading.

2. Helping youngsters employ various techniques of attacking unknown words - context, word analysis and phonics.

3. It appears that the teachers are using a variety of techniques and methods to focus on the individual needs of students involved.

4. A variety of materials was used to meet the varied needs of the students.

Pointing out that the comment referred to only one observation in a center, one observer wrote:

> In this particular center, it appeared that materials used to develop comprehension abilities were too difficult for the youngsters. All children read from the same books. Because of this, I question whether specific needs of individual pupils were being met.

In light of this observation and in reference to it, the observer suggested inservice to focus upon use of materials which are appropriate for children's ability to handle the selected materials. In addition, close supervision in Satellite centers was suggested.

Other recommendations for future consideration by this project were:

1. Additional hardware (if funds are available)
2. Time between classes for recouping. (It was indicated that the time schedule as set did not permit teachers time to be ready for next class.
3. Some planning time during the day.
4. More attention to oral language development based upon interests and needs of youngsters.
5. Incorporation of children's literature in the instructional program.

Follow-Up Consultant

A total of 516 pupils in 24 public and 1 non-public schools, grades 4, 5, and 6, received post-clinic support from Follow-up Consultants. The eight consultants in this phase of the clinic's program served pupils

who were considered released from intensive treatment at the Clinic site. Prognostic assessment by Clinic staff and teacher opinionnaires suggested that reading support might be needed. The reading performance of these pupils was observed to weaken without continued support. Referrals were made by teachers to the Follow-Up Consultant staff. Pupils were supported by Follow-Up Consultants in their home schools where staff assignments were feasible. Project records reflect that:

- approximately 28.1 per cent of pupils were sixth-graders
- slightly more than 53.3 per cent were enrolled in the fifth grade
- eighteen per cent were fourth graders.

The Gates-MacGinitie Reading Tests, Primary A, B, C and D, Forms 1 and 2 were administered as post-test measures for these pupils.

Performance standings for 145 sixth graders who had received the services of Follow-Up Consultant were observed from city-wide test scores taken from the Comprehensive Tests of Basic Skills, Level 2, Form Q, administered in February, 1974. It was felt that the impact of support might be reflected in the stanine placements of these pupils on city-wide testing. The mean average raw score of this group on the reading subtest of the Comprehensive Tests of Basic Skills was 20.3, 3.9, stanine, 3.8 Mean standard scores derived from posttest results of the Gates-MacGinitie Reading Test forms A through D, for a sample of 86 pupils from the sixth grade group, revealed an average standard score of 49.5 stanine five.

It may be interpreted that although pupils in this sample reflected reading power, other variable were operative in terms of their achievement test performances on city-wide testing.

The Comprehensive Tests of Basic Skills, Q2 Level 2 was also administered to 95 fourth grade sample pupils in May, 1975. Scores for 36 fourth graders whom Follow-Up Consultants assisted were observed. The mean grade equivalent score for this sample was 3.1; stanine 3.

Results from the Gates-MacGinitie Reading Tests (various forms) for a sample of 36 fourth graders administered in June, 1975 reflected a mean pooled standard score of 50.77, stanine five. It may be interpreted that pupils in this group reflected average reading power as a group, individual pupils will need continued support if they are to improve their standing on city-wide testing.

STANINE EQUIVALENTS OF POSTTEST
MEAN STANDARD SCORES
COMPREHENSION SUBTEST

Follow-Up Consultant Group
Sample N-112
1974-75

Grade	N	Mean Posttest Comprehension Standard Score	Stanine
4	36	50.77	5
6	86	49.50	5

This information suggests that pupils with documented need for reading support in the primary grades to the extent that they require the services of the Diagnostic Reading clinic at the upper elementary level can maintain and improve reading gains with continued support as they progress through the higher grades.

Correlation Study

A study was undertaken to measure the degree of association existing between scholastic aptitude raw scores and the raw scores from two reading tests with which pupils assisted by Follow-up Consultants had been involved. The two samples included 19 fourth grade and 28 sixth grade randomly selected participants. These pupils had been pre and post-tested on the Gates MacGinitie Reading Tests and had been administered Level 2, Form Q of the Comprehensive Tests of Basic Skills as part of city-wide testing. Analysis of test score data, using the Pearson r statistical test, revealed that the means of raw scores were within the confidence limits of .6 to - .2 for small samples. However, only one significant correlation emerged. This significant r existed between the scholastic aptitude scores and Gates Reading test scores for the 19 pupils in the fourth grade sample.

Results of the study are presented in Table 2.

TABLE 2

CORRELATIONS BETWEEN SCHOLASTIC APTITUDE RAW SCORES AND READING ACHIEVEMENT TEST SCORES

Grade	N	Mean Scholastic Aptitude Raw Score	Mean Gates MacGinitie Raw Score	Pearson r	Mean Comprehension Test of Basic Skills Raw Score	Pearson r
4	19	38.47	25.63	.4522 s	15.26	.2810 n.s
6	28	48.79	28.50	.3396 n.s	20.32	.2266 n.s

N=19, S= significant

N=28, α p .05= .3809 N.S. = not significant

It must be recognized that the size of the population and its characteristics by program criteria description would indicate that degree of correlations for both grade samples, between the Gates Reading Test scores and participants' scholastic aptitude, revealed a more substantial relationship for pupils whose reading skills were atypical.

Recommendations

The Diagnostic Clinic of the Cleveland Public Schools has demonstrated that with proper diagnostic and remediation techniques, the seriously reading disabled child can be helped. It is recommended that the services provided by the clinic continue.

- continue application of the selection criteria to insure that Clinic services are extended to those pupils whose severity of reading disabilities would be amenable to the types of remediation offered.
- continue the Teacher Visitation program to strengthen the liaison between the clinic and classroom teacher
- seek ways to increase parent visitation at the Clinic site, Satellite Clinics and with the Follow-Up Consultant.
- continue follow-services to pupils after service from the Diagnostic Reading clinic where such service can be provided feasibly.

APPENDIX

APPENDIX I

Evaluation Sample at Participating Schools

1974-1975

1.	Anthony Wayne	1	23.	Kentucky	2
2.	Bolton	3	24.	Longwood	3
3.	Boulevard	2	25.	Louis Pasteur	2
4.	Captain A. Roth	2	26.	Marion-Sterling	1
5.	Charles Dickens	2	27.	Mary Bethune	3
6.	Charles H. Lake	2	28.	Miles Standish	2
7.	Charles Orr	3	29.	Mt. Auburn	2
8.	Charles W. Chesnutt	3	30.	Mt. Pleasant	2
9.	Chesterfield	2	31.	Oliver W. Holmes	4
10.	Columbia	2	32.	Parkwood	3
11.	Crispus Attucks	3	33.	Paul L. Dunbar	4
12.	Daniel E. Morgan	4	34.	Sowinski	1
13.	Dunham	3	35.	Stanard	2
14.	Forest Hill Parkway	1	36.	Tremont	2
15.	George W. Carver	1	37.	Wade Park	3
16.	Giddings	1	38.	Walton	1
17.	Harvey Rice	2	39.	Woodland-Observation	3
18.	Hazeldell	1	40.	Urban Community	2
19.	Hodge	2	41.	St. Procop	2
20.	Hough	3	42.	St. Michael	1
21.	Iowa-Maple	1		TOTAL	92
22.	John D. Rockefeller				

APPENDIX II

Differences Between Reading Expectancies and Performance

Diagnostic Reading Clinic
Pre and Post Program
1974-1975

No.	Service Period	Dif. Pre	Dif. Post	Chg. Score
1.	L	-2.7	-2.2	+ .5
2.	L	-2.5	-1.5	+1.0
3.	L	-2.5	- .5	+2.0
4.	L	-3.4	-1.1	+2.3
5.	L	-2.5	-2.0	+ .5
6.	L	-2.7	-1.6	+1.1
7.	L	-3.4	-2.9	+ .5
8.	L	-1.7	-1.4	+ .3
9.	L	-2.0	- .5	+1.5
10.	L	-2.1	-1.6	+ .5
11.	L	-4.6	-3.9	+ .7
12.	L	-4.5	-5.2	- .7
13.	L	- .8	-1.1	- .3
14.	L	-3.3	-1.8	+1.5
15.	L	-4.0	-2.7	+1.3

APPENDIX II (Cont'd)

Differences Between Reading Expectancies and Performance

Diagnostic Reading Clinic
Pre and Post Program
1974-1975

No.	Service Period	Dif. Pre	Dif. Post	Chg. Score
1.	S	-2.6	-1.1	+1.5
2.	S	- .1	+ .4	+ .5
3.	S	-1.0	+ .5	+1.5
4.	S	-2.0	± .0	+2.0
5.	S	-1.8	- .2	+1.6
6.	S	-2.0	-1.2	+ .8
7.	S	-1.8	-1.2	+ .6
8.	S	- .6	- .6	± .0
9.	S	-2.4	-2.2	+ .2
10.	S	-2.1	-1.4	+ .7
11.	S	- .9	-1.4	- .5
12.	S	- .9	- .1	+ .8
13.	S	-1.7	- .5	+1.2
14.	S	-1.4	+ .2	+1.6
15.	S	-1.8	- .4	+1.4
16.	S	-2.4	-1.1	+1.3
17.	S	- .7	- .7	± .0
18.	S	-1.1	-1.3	- .2
19.	S	- .6	± .0	+ .6
20.	S	- .5	- .1	+ .4

APPENDIX II (Cont'd)

Differences Between Reading Expectancies
and Performance

Diagnostic Reading Clinic
Pre and Post Program
Pr 1974-1975

No.	Service Period	Dif. Pre	Dif. Post	Chg. Score
21.	S	-1.5	± .0	+1.5
22.	S	-1.8	-1.1	+ .7
23.	S	-2.2	-1.2	+1.0
24.	S	-2.2	-1.7	+ .5
25.	S	-1.2	-1.2	± .0
26.	S	-3.2	-2.4	+ .8
27.	S	-1.7	- .7	+1.0
28.	S	-1.4	- .9	+ .5
29.	S	-1.4	- .9	+ .5

APPENDIX II (Cont'd)

Differences Between Reading Expectancies
and Performance

Diagnostic Reading Clinic
Pre and Post Program
1974-1975

No.	Service Period	Dif. Pre	Dif. Post	Chg. Score
1.	M	-2.8	-1.3	+1.5
2.	M	-3.4	-2.9	+ .5
3.	M	-2.0	+1.6	+3.6
4.	M	-2.2	- .5	+1.7
5.	M	-3.5	-1.2	+2.3
6.	M	-3.3	-3.6	- .3
7.	M	-3.5	-2.1	+1.4
8.	M	-4.1	-2.9	+1.2
9.	M	-3.2	-2.0	+1.2
10.	M	-2.6	-1.5	+1.1
11.	M	-2.2	-1.0	+1.2
12.	M	-1.4	+ .6	+2.0
13.	M	-2.6	- .4	+2.2
14.	M	-1.6	- .9	+ .7
15.	M	-1.5	-2.2	- .7
16.	M	-2.0	-2.3	- .3
17.	M	-1.8	- .8	+1.0
18.	M	-2.1	-1.3	+ .8
19.	M	-1.2	-1.0	+ .2
20.	M	-1.3	± .0	+1.3

APPENDIX II (Cont'd)

Differences Between Reading Expectancies and Performance

Diagnostic Reading Clinic
Pre and Post Program
1974-1975

No.	Service Period	Dif. Pre	Dif. Post	Chg. Score
21.	M	-2.5	-3.2	- .7
22.	M	-3.7	-4.3	- .6
23.	M	-3.2	- .7	+2.5
24.	M	-1.8	-1.2	+ .6
25.	M	-2.1	- .6	+1.5
26.	M	-3.0	-2.7	+ .3
27.	M	-2.7	-2.3	+ .4
28.	M	-2.3	- .4	+1.9
29.	M	-2.9	-2.5	+ .5
30.	M	-2.2	-1.0	+1.2
31.	M	-2.4	-1.4	+1.0
32.	M	-2.2	-1.4	+ .8
33.	M	-1.6	- .4	+1.2
34.	M	-2.6	-2.1	+1.5
35.	M	-2.0	+ .3	+2.3
36.	M	-1.0	- .4	+ .6
37.	M	- .8	-1.0	- .2
38.	M	-2.6	-2.6	± .0
39.	M	-2.5	-1.3	+1.2
40.	M	-2.7	- .9	+1.8

APPENDIX II (Cont'd)

Differences Between Reading Expectancies and Performance

Diagnostic Reading Clinic
Pre and Post Program
1974-1975

No.	Service Period	Dif. Pre	Dif. Post	Chg. Score
41.	M	-2.6	-1.6	+1.0
42.	M	-1.7	-1.0	+ .7
43.	M	-2.6	± .0	+2.6
44.	M	-1.2	-1.3	- .1
45.	M	-1.1	± .0	+1.1
46.	M	-2.6	-1.5	+1.1
47.	M	- .2	+2.0	+2.2
48.	M	-2.2	-2.4	- .2

School _____ DRC 1975

DIAGNOSTIC CLINIC

Teacher Opinionnaire

_____ has been receiving services of the Diagnostic Reading Clinic. We are interested in securing from you, his classroom teacher, some observations about his present reading performance. Please return this completed form in the enclosed envelope to DIVISION OF RESEARCH AND DEVELOPMENT no later than Friday, May 31, 1974. Thank you for your help.

1. Were you invited to visit the clinic? 74.6% Yes 17.9% No (No Response 7.5%)
2. Did you visit the clinic this year? 59.7% Yes 37.3% No (No Response 3.0%)
3. When was child assigned to received help from the clinic?

   Since: 49.2 Oct./Nov. 1974 26.9 Dec./Jan. 1974/1975 16.4 Feb./Mar. 1975 6.0 April/May 1975

   ___ Other: _____

4. What is greatest reading problem for this child?

   _____

   (See attached sheet)

5. Child's final mark in reading for this will be [ ]
6. Child's days of absence for this year as of the date of this report [ ]
   A- 0.0%; B-7.5%; C-49.3%; D-29.9% F-4.9%, Non-graded - 9.0%
7. Child's latest P.L.R. [Median 88.0%] (Test Kuhlmann-Anderson)

4. Greatest reading problems

   1. Inference - Comprehension - still some trouble but greatly improving.

   2. Vocabulary

   3. Word attack skills

   4. Phonics - being able to pronounce her words successfully.

   5. Phonics - This child has an unusual lack of interest and respect for his school work.

   6. Short attention span - hypertensive reaction to oral reading disability.

   7. Comprehension; inadequate vocabulary Word attack skills poor.

   8. Everything! Cannot spell words, writing illegible, also.

   9. Comprehension - Syllabication.

8. Child's latest Comprehensive Tests of Basic Skills Reading score

Vocab. Gr. Eq.	Compre. Gr. Eq.

Circle Test: Level 1, 2, 3

9. Child's Readiness Test score or grade equivalent

Score	OR	G.E.

Please check test: Metropolitan___

10. In your opinion, can this child handle the usual reading material used in his grade?

4.5% Always

28.9% Most of the time

38.8% Sometimes

17.9% Rarely

9.0% Not at all

11. In general, have you noted any degree of improvement in:

	Not At All	Some	Very Much	Doesn't Apply	No Response
a. Pupil participation in group work	11.9%	59.7%	19.4%	7.5%	1.5%
b. Pupil written reading assignments	14.9%	56.7%	19.4%	7.5%	1.5%
c. Pupil confidence in his reading attack	16.4%	50.7%	25.4%	4.5%	3.0%
d. Pupil's general attitude toward school	20.9%	44.8%	16.4%	10.4%	7.5%

12. What use does child make of free reading opportunities?

(See attached comments)

12. What use does child make of free reading opportunities?

1. Usually none unless by strict instructions from teacher.

2. Library books are frequently read.

3. He reads library books or material in the classroom. He really seems to enjoy opportunities to read books of his choice.

4. She likes to read library books, does good reports, and likes to utilize phonics and other reading materials.

5. None

6. His free reading opportunities are usually occupied with simple drawing of race cars.

7. He reads library books and books from classroom library.

8. Reads all materials available - newspapers, books, games, magazines.

9. The child reads books and magazines. She reads the Bible, Watchtower and Awake.

10. Enjoys reading second and third grade level books plus enrichment activities which follow these stories.

13. From your knowledge of this pupil's work in your classroom, how would you rank this child's reading performance as described below in relation to the other children in your class. (Visualize your class as being divided into fifths.)

Number of pupils in class

(Please Check)	Rank in Class					
	Top 1/5	Second Highest 1/5	Middle 1/5	Second Lowest 1/5	Lowest 1/5	No Response
a. recognizing consonant sounds	6.0	7.5	38.8	14.9	22.4	10.4
b. recognizing vowel sounds	6.0	9.0	37.3	23.9	16.4	7.5
c. identifying sight words for grade level	7.5	9.0	3.4	23.9	23.9	1.5
d. pronouncing words at grade level	1.5	7.5	28.4	29.9	28.4	4.5
e. reading orally without undue frustration	1.5	7.5	29.9	28.4	25.4	7.5
f. finding main ideas	4.5	6.0	17.9	34.3	35.8	1.5
g. following sequence	6.0	6.0	23.9	26.9	32.8	4.5
h. getting meaning of words from context	1.5	7.5	22.4	37.3	29.9	1.5
i. recognizing directly stated details	4.5	6.0	31.3	23.9	28.4	6.0
j. drawing conclusions from facts or statements	3.0	4.5	10.4	46.3	34.3	1.5
k. participating in reading group	4.5	13.4	35.8	16.4	26.9	3.0
l. completing written assignments	4.5	9.0	35.8	20.9	28.4	1.5

14. In what aspect of reading do you feel that the child has improved as a result of receiving the services of the Reading Clinic?

Structural analysis; reading confidence; comprehension skills; critical thinking. (Positive) Child overaged and not interested in school; no noticeable improvement (Negative).

15. We would appreciate having any comments or recommendations about this program. (Use back of page)

General feeling was that clinic program was worthwhile. A comment from non-public school expressed feeling that students from that school benefited least as other students required most of the clinician's time. One teacher stated that the clinic deserved high priority. Several felt that too few children were afforded the opportunity to attend.

(Over)

An unusual appraisal suggested that the Diagnostic Reading Clinic develop other means of dealing with the student whose reading disabilities are severe and do not respond to the traditional conventional approaches used in the clinic.

Teachers cannot follow through like they would like to due to classroom size.

The final recommendation was:

Children awaiting special classes do not tend to benefit as well. Children awaiting special classes should not be included.

CLEVELAND PUBLIC SCHOOLS

Diagnostic Reading Clinic

May, 1975

Dear Parent:

We are contacting parents who have youngsters who have been participating in the Diagnostic Reading Clinic here at _____ School.

_____

Would you please help us by telling us what you think about this program?

1. Do you have a son or daughter in this program? Son 25% Daughter 75%

2. In what grade is your youngster? 4th - 30%; 5th - 45%; - 6th - 25%; 7th - 0%.

3. Has the program helped your child?

   0% Not at all 5% Very little 45% Some 50% Very much

4. What does your child say about the program?
   - She likes the program very much.
   - He experienced various ways of reading not available to other children.
   - He wanted to remain at his own school.

5. Have you noticed that your child reads more at home? 35% Yes 65% No

6. Have you noticed that your child takes more books from the library?

   40% Yes 60% No

7. How did you find out your child was in this program?

   75% Letter 10% Child said

   15% Teacher called 0% Other

8. What's the best thing about the program?
   - Individual attention
   - Comprehension
   - Pronounciation
   - Slow reader given a chance to upgrade skills
   - Child who needs help, gets it

9. Has the program helped you to help your child in reading? 70% Yes 30% No

   If yes, how? (See number 8).

10. Do you feel the program should be continued? 95% Yes 5% No

11. How do you think this program could be of more help to your child's reading?

Program should be continued and its services extended to more children.

12. Have you visited the clinic? 25% Yes 75% No

If yes, with whom did you talk about your child's reading? Put a check mark in as many boxes as you need.

Parent Coordinator 5% Child's Clinic Teacher 23%* Ass't Project Manager 15%*

Other _____

Please return this form to your child's home school teacher in the attached envelope by June 3, 1974.

Thank you,
Pauline S. Davis
Educational Program Manager
Diagnostic Reading Clinic

APPENDIX V

Differences Between Reading Expectancy
and Performance Level

Diagnostic Reading Clinic

1974-75 and 1973-74

1974-75 School Year

Service Group	GRADE EQUIVALENT UNITS +.1 to +.5 and Above	+.0 to -1.0	-1.1 to -1.9	-2.0 to -2.9 and Below
LONG-TERM				
Pre-program	0%	6.7%	26.7%	66.7%
Post-program	0%	13.3%	53.3%	33.3%
MODERATE-TERM				
Pre-program	0%	14.2%	31.3%	64.6%
Post-program	8.4%	31.3%	22.9%	31.2%
SHORT-TERM				
Pre-program	0%	24.1%	48.3%	27.6%
Post-program	10.3%	37.9%	34.5%	3.4%
TOTAL PROGRAM				
Pre-program	0%	10.9%	35.9%	53.3%
Post-program	7.6%	30.4%	31.5%	22.9%

1973-74 School Year

Service Group	GRADE EQUIVALENT UNITS +.1 to +.5 and Above	+.0 to -1.0	-1.1 to -1.9	-2.0 to -2.9 and Below
LONG-TERM				
Pre-program	0%	0%	12.5%	87.5%
Post-program	0%	12.5%	0%	87.5%
MODERATE-TERM				
Pre-program	0%	46.2%	15.4%	38.5%
Post-program	5.7%	36.3%	45.4%	9.1%
SHORT-TERM				
Pre-program	13.0%	18.2%	30.3%	48.5%
Post-program	9.1%	36.3%	45.5%	9.1%
TOTAL PROGRAM				
Pre-program	10.0%	21.5%	19.4%	58.2%
Post-program	6.5%	34.5%	38.7%	20.4%

APPENDIX V (Continued)

Differences Between Reading Expectancy
and Performance Level

Diagnostic Reading Clinic

1973-74 and 1972-73

1972-73 School Year

Service Group	GRADE EQUIVALENT UNITS			
	+.1 to +.5 and Above	±.0 to -1.0	-1.1 to -1.9	-2.0 to -2.9 and Below
LONG-TERM				
Pre-program	0%	0%	0%	100%
Post-program	0%	50.0%	30.0%	20.0%
MODERATE-TERM				
Pre-program	0%	8.8%	41.2%	50.0%
Post-program	5.9%	20.6%	26.5%	47.1%
SHORT-TERM				
Pre-program	0%	9.3%	39.6%	51.2%
Post-program	2.3%	41.8%	31.6%	23.3%
TOTAL PROGRAM				
Pre-program	0%	8%	35.6%	56.3%
Post-program	3.4%	34.5%	29.9%	32.2%

1971-72 School Year

Service Group	GRADE EQUIVALENT UNITS			
	+.1 to +.5 and Above	±.0 to -1.0	-1.1 to -1.9	-2.0 to -2.9 and Below
LONG-TERM				
Pre-program	0%	18.7%	28.1%	53.0%
Post-program	0%	31.3%	37.5%	28.1%
MODERATE-TERM				
Pre-program	0%	0%	4.0%	96.0%
Post-program	0%	14.2%	25.1%	60.7%
SHORT-TERM				
Pre-program	0%	40.0%	40.0%	20.0%
Post-program	20.0%	0%	60.0%	20.0%
TOTAL PROGRAM				
Pre-program	0%	19.5%	24.0%	56.3%
Post-program	7.9%	15.2%	40.9%	36.0%

APPENDIX V (Continued)

Differences Between Reading Expectancy
and Performance Level

Diagnostic Reading Clinic

1971-72 and 1970-71

1970-71 School Year	GRADE EQUIVALENT UNITS			
Service Group	+.1 to +.5 and above	±.0 to -1.0	-1.1 to -1.9	-2.0 to -2.9 and Below
LONG-TERM				
Pre-program	0%	0%	10.0%	90.0%
Post-program	0%	3.0%	23.0%	73.0%
MODERATE-TERM				
Pre-program	0%	26.0%	51.0%	23.0%
Post-program	5.0%	28.0%	46.0%	18.0%
SHORT-TERM				
Pre-program	0%	0%	50.0%	0%
Post-program	33.0%	17.0%	33.0%	0%
TOTAL PROGRAM				
Pre-program	0%	9.0%	37.0%	38.0%
Post-program	13.0%	16.0%	34.0%	30.0%

1969-70 School Year	GRADE EQUIVALENT UNITS			
Service Group	+.5 to +.1 and Above	+.0 to -1.0	-1.1 to -1.9	-2.0 to -2.9 and Below
LONG-TERM				
Pre-program	0%	0%	6.0%	94.0%
Post-program	0%	53.0%	25.0%	24.0%
MODERATE-TERM				
Pre-program	0%	6.0%	31.0%	63.0%
Post-program	9.0%	43.0%	40.0%	8.0%
SHORT-TERM				
Pre-program	10.0%	40.0%	50.0%	0%
Post-program	30.0%	70.0%	0%	0%
TOTAL PROGRAM				
Pre-program	2.0%	10.0%	27.0%	61.0%
Post-program	10.0%	50.0%	29.0%	1.0%

APPENDIX V (Continued)

Differences Between Reading Expectancy
and Performance Level

Diagnostic Reading Clinic

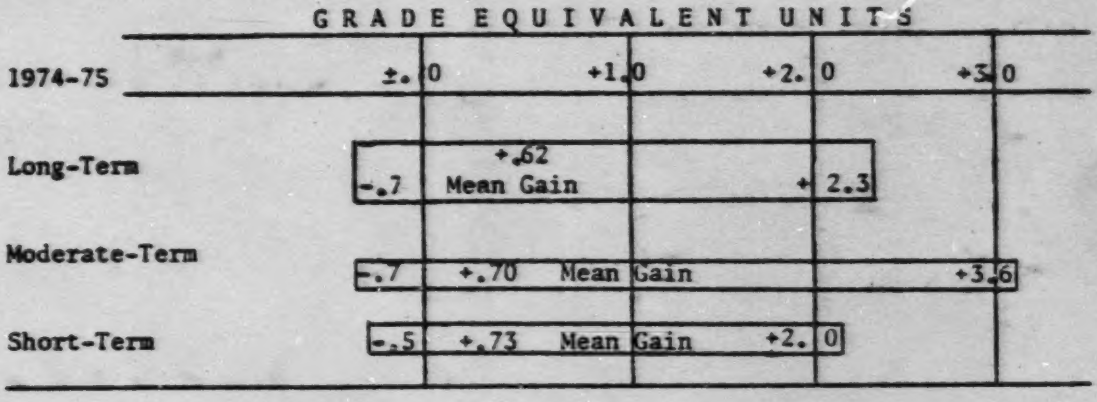
1969-70 and 1968-69

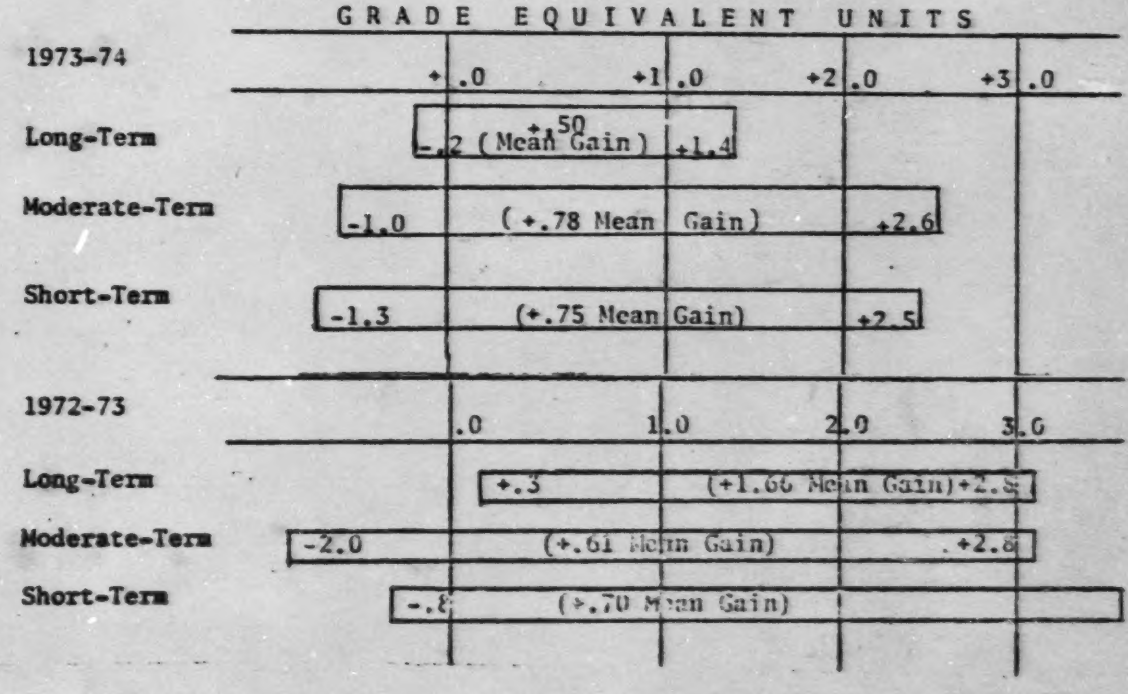
1968-69 School Year	GRADE EQUIVALENT UNITS			
Service Group	+.5 to +.1 and Above	+.0 to -1.0	-1.1 to -1.9	-2.0 to -2.9 and Below
LONG-TERM				
Pre-program	0%	0%	8.0%	92.0%
Post-program	0%	16.0%	41.0%	43.0%
MODERATE-TERM				
Pre-program	0%	8.0%	24.0%	68.0%
Post-program	0%	30.0%	22.0%	48.0%
SHORT-TERM				
Pre-program	0%	25.0%	56.0%	19.0%
Post-program	0%	42.0%	32.0%	26.0%
TOTAL PROGRAM				
Pre-program	0%	12.0%	36.0%	52.0%
Post-program	0%	42.0%	32.0%	26.0%

APPENDIX VI

Diagnostic Reading
1974-1975

Range of Gain Scores Between Pre- and Post-Program
Reading Expectancy and Reading Levels
(Based on Comprehension Scores)

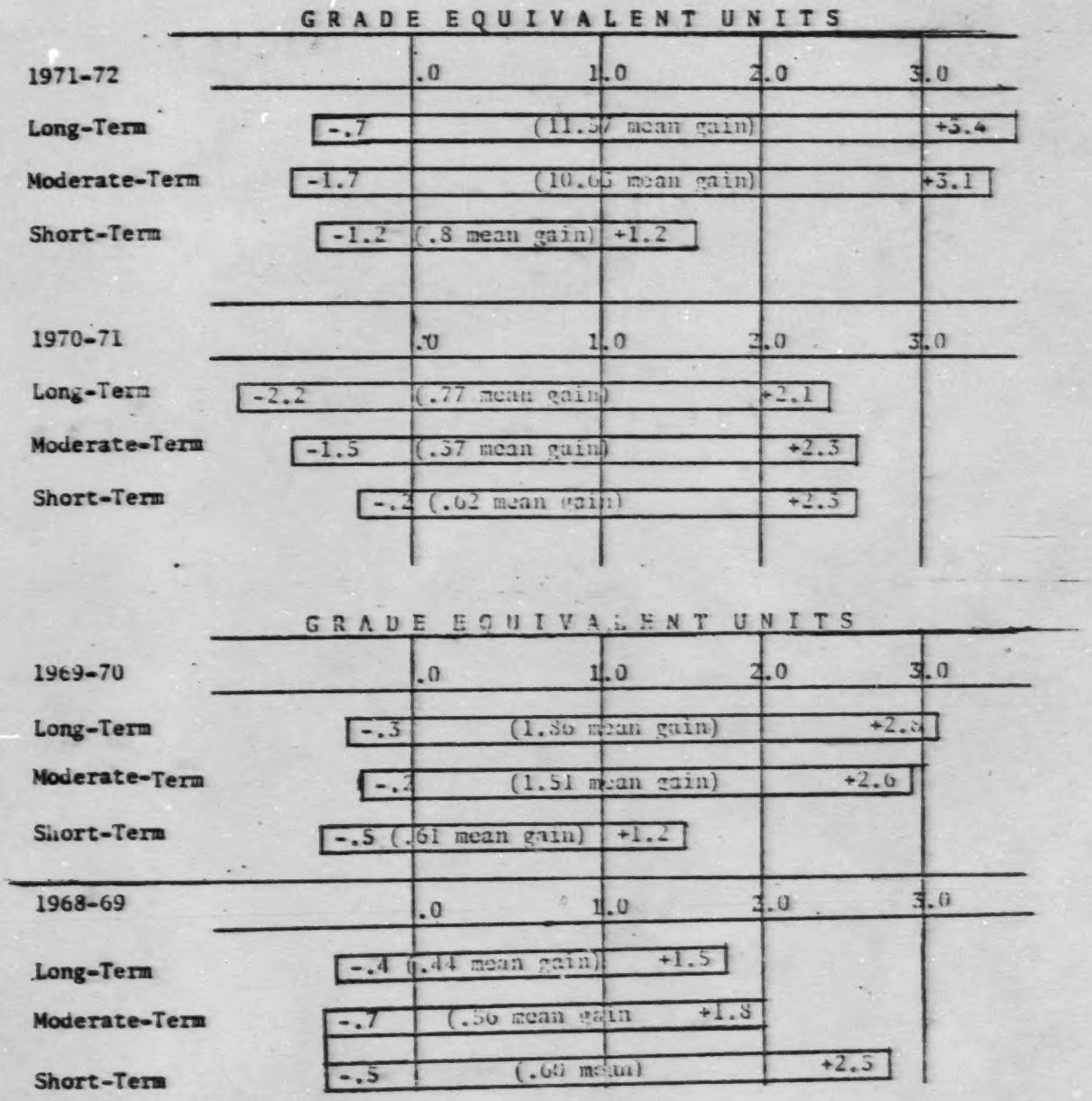




APPENDIX VI (Continued)

Diagnostic Reading Clinic
1974-1975

Range of Gain Scores Between Pre- and Post-Program
Reading Expectancy and Reading Levels
(Based on Comprehension Scores)



APPENDIX VII

READING INSTRUCTION PROGRAM

Diagnostic Reading Center
Satellite Clinics
Model

Certain reading difficulties are beyond the scope of the usual school instructional program. These difficulties require precise diagnosis. The process involves assessment of reading retardation problems including individual screening by competent psychologists, speech therapists, health procedures to highlight identified reading strengths and weaknesses.

Three Satellite Clinics are in operation in selected school sites. Pupils attending Satellite Clinic Centers come from schools nested in close proximity. Clinical services, the expertise of reading clinicians, and the use of an interdisciplinary approach is directed toward motivating and assisting referred pupils' attainment of an appropriate level of reading performance for their reading expectancy as determined by the Bond-Tinker formula. While each case presents a unique problem in terms of diagnosis, it is considered that these procedures offered to Satellite Clinic center participants are the same as those provided at the Reading Center.

Pupils eligible for the intensive clinical process are enrolled in grades four, five, six and seven. Generally, pupils selected for projected participation exhibit one or more of the following deficiencies:

1. Reading one year or more below expectancy by Bond-Tinker formula and reflecting at least average scholastic ability, stanine 3 and above.

2. Functioning below general academic levels due to reading deficiencies, as judged by classroom performance.

3. Lacking in reading skills related to multiple problems of adjustment, such as short attention span, poor motivation, social maladjustment, poor self-concept, excessive absence, or lack of interest.

APPENDIX VIII

READING INSTRUCTION PROGRAM
DIAGNOSTIC READING CLINIC

READING IMPROVEMENT PROGRAM
OBSERVATION INSTRUMENT

Date of observation_____ Time: Began_____ Ended_____

School_____ No. of children present_____

Name of Consultant_____ Name of Aide_____ (if included)

Groups: Number of pupils in groups - Large ☐ Small ☐ Individual ☐

Instructions: Please familiarize yourself with the details of the instrument.

We are interested in determining the strengths of this program in terms of how well the model is meeting the reading needs of children whom it serves. Your observations, as a neutral person, will assist us in assessing the status of the program at this time, its strengths and weaknesses, and hopefully, indicate some future directions which the project might consider.

Check One

1. Was a teacher aide present? Yes No

2. The role of the teacher aide was, for the most part:

a.	clerical assistance	a. Yes ☐ No ☐
b.	organizing for small group activities	b. Yes ☐ No ☐
c.	teaching the small group	c. Yes ☐ No ☐
d.	affecting drill	d. Yes ☐ No ☐
e.	tutoring on a one-to-one basis	e. Yes ☐ No ☐
f.	supervising an assigned independent reading activity	f. Yes ☐ No ☐
g.	supervising a free reading activity	g. Yes ☐ No ☐

SECTION I - THE PUPILS

1. What percentage of pupils reflected evidence of the following:

a. short attention span

All	Approximately 75%	Approximately 50%	Approximately 25%	None
☐ 5	☐ 4	☐ 3	☐ 2	☐ 1

b. wide-ranged reading skill deficiencies

All	Approximately 75%	Approximately 50%	Approximately 25%	None
☐ 5	☐ 4	☐ 3	☐ 2	☐ 1

c. tension when approaching the reading task

All	Approximately 75%	Approximately 50%	Approximately 25%	None
☐ 5	☐ 4	☐ 3	☐ 2	☐ 1

d. limited self-motivation

All	Approximately 75%	Approximately 50%	Approximately 25%	None
☐ 5	☐ 4	☐ 3	☐ 2	☐ 1

e. low tolerance toward reading and reading related assignments

All	Approximately 75%	Approximately 50%	Approximately 25%	None
☐ 5	☐ 4	☐ 3	☐ 2	☐ 1

f. recognition of individual need for reading help.

All	Approximately 75%	Approximately 50%	Approximately 25%	None
☐ 5	☐ 4	☐ 3	☐ 2	☐ 1

SECTION II - EDUCATIONAL CLIMATE

2. To what extent was the educational climate conducive to the fostering of:

a. interaction between pupil/s and the teacher

Very Conducive	Conducive	Somewhat Conducive	Less than Conducive	Not Conducive	Not Applicable
☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0

b. pupil awareness of desired outcomes

Very Conducive	Conducive	Somewhat Conducive	Less than Conducive	Not Conducive	Not Applicable
☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0

c. pupil participation

Very Conducive	Conducive	Somewhat Conducive	Less than Conducive	Not Conducive	Not Applicable
☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0

d. pupil satisfaction with own progress.

Very Conducive	Conducive	Somewhat Conducive	Less than Conducive	Not Conducive	Not Applicable
☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0

SECTION III - INSTRUCTIONAL PROCESS

Did the instructional process:

a. provide an effective and interesting technique which offered opportunities for each child to function in a variety of groups

Yes ☐ No ☐ Not Applicable ☐

b. offer opportunities for attention to individual reading need in the specific instructional area of presentation

Yes ☐ No ☐ Not Applicable ☐

c. extend opportunities for capitalization on pupil/s strengths

Yes ☐ No ☐ Not Applicable ☐

d. encourage the pupil's feelings of security

Yes ☐ No ☐ Not Applicable ☐

e. foster the child's ability to work independently

Yes ☐ No ☐ Not Applicable ☐

f. allow opportunities for pupil to experience success.

Yes ☐ No ☐ Not Applicable ☐

To what extent were individualized programming and provisions for individual differences evident?

Very Evident	Evident	Somewhat Evident	Slightly Evident	Not Evident
☐ 5	☐ 4	☐ 3	☐ 2	☐ 1

SECTION IV - PUPIL RESPONSE TO CONTENT OF INSTRUCTION

To what degree were the aspects/elements described below present in the lesson observed?

What degree of pupil participation was present?

Content Category	Description	Present Yes	Present No	Pupil Participation
Language Structure	Structure of words, phrases or sentences	☐	☐	a. Very Marked Participation
		☐	☐	b. Marked Participation
		☐	☐	c. Some Participation
		☐	☐	d. Limited Participation
		☐	☐	e. No Participation
		☐	☐	f. Not applicable
Pronunciation and Word Recognition	Pronunciation of letters, words sentences, and phonics rules to facilitate pronunciation	☐	☐	a. Very Marked Participation
		☐	☐	b. Marked Participation
		☐	☐	c. Some Participation
		☐	☐	d. Limited Participation
		☐	☐	e. No Participation
		☐	☐	f. Not applicable

		Yes	No	
Structural Analysis	Application of decoding skills to unlock new words	☐	☐	a. Very Marked Participation
		☐	☐	b. Marked Participation
		☐	☐	c. Some Participation
		☐	☐	d. Limited Participation
		☐	☐	e. No Participation
		☐	☐	f. Not applicable
Listening Activities	Refers to material read to students	☐	☐	a. Very Marked Participation
		☐	☐	b. Marked Participation
		☐	☐	c. Some Participation
		☐	☐	d. Limited Participation
		☐	☐	e. No Participation
		☐	☐	f. Not applicable
Machine	Refers to machine-presented reading stimuli	☐	☐	a. Very Marked Participation
		☐	☐	b. Marked Participation
		☐	☐	c. Some Participation
		☐	☐	d. Limited Participation
		☐	☐	e. No Participation
		☐	☐	f. Not applicable

		Yes	No	
Writing	Words, phrases, sentences pupil created stories, reproduction	☐	☐	a. Very Marked Participation
		☐	☐	b. Marked Participation
		☐	☐	c. Some Participation
		☐	☐	d. Limited Participation
		☐	☐	e. No Participation
		☐	☐	f. Not applicable
Spelling	Letters, words, phrases, sentences	☐	☐	a. Very Marked Participation
		☐	☐	b. Marked Participation
		☐	☐	c. Some Participation
		☐	☐	d. Limited Participation
		☐	☐	e. No Participation
		☐	☐	f. Not applicable
Comprehension	Understanding of what is read	☐	☐	a. Very Marked Participation
		☐	☐	b. Marked Participation
		☐	☐	c. Some Participation
		☐	☐	d. Limited Participation
		☐	☐	e. No Participation
		☐	☐	f. Not applicable

SUMMARY

What do you consider the strengths of the instructional procedures you have observed?

How is this program addressing the reading needs of the pupils?

What directions would you suggest for future consideration by this project?

Additional Comments:

Observer _____

Program _____

Date _____

Division of Research and Development
2/4/75

Dr. Herbert Sandberg

READING INSTRUCTION PROGRAM

OBSERVATION SCALE

1974-75

February 20, 1975

	Time	School	Address	Principal	Consultant/Clinician
1.	9:00-9:50	Diagnostic Reading Clinic	4940 Carnegie Ave.	Mrs. Pauline Davis Educational Program	Room 225 Anne Dunn (Jay Joseph)
2.	10:00-10:30	Travel			
3.	11:00-11:55	Parkwood	1171 Parkwood	Mrs. Elizabeth Johnson	Maurine Haywood
4.	12:00-1:00	Lunch			
5.	1:00-1:30	Travel			
6.	1:55-2:55	Tremont	2409 W. 10th St.	Mr. John Sirak	Beverly Wooten

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February 21, 1975

1.	9:00-9:55	Captain Arthur Roth	12523 Woodside	Mrs. Barbara Eggleston	Larry Hepner
2.	10:00-10:30	Travel			
3.	10:55-11:55	Hough Satellite Reading Clinic	8915 Hough Ave.	Mrs. Mildred Bird	Judith Stowe
4.	12:00-1:00	Lunch			
5.	1:00-1:50	Travel			
6.	2:00-2:50	Diagnostic Reading Clinic	4950 Carnegie Ave.	Mrs. Pauline Davis	Room 224 Shirley Ward (Wyllene Harris)
7.	3:00-3:30	Travel			
8.	3:30-4:15	Cleveland Board of Education	1380 East 6th St. Room 610	Dr. Margaret Fleming Mrs. Pauline Davis Mrs. Juanita Logan	Debriefing

(Team)

Mr. William Talley

READING INSTRUCTION PROGRAM

OBSERVATION SCALE
1974-75

February 27, 1975

	Time	School	Address	Principal	Consultant/Clinician
1.	9:00-9:50	Scranton	1991 Barber Ave.	Mrs. Jacqueline Kinsey	Wilhelmina Troupe
2.	10:00-10:30	Travel			
3.	11:00-11:55	Washington Irving	2520 East 83rd.	Mrs. Shirley Thompson	Robert Noble
4.	12:00-1:00				
5.	1:00-1:30				
6.	1:55-2:55				

February 28, 1975

1.	9:00-9:55	Diagnostic Reading Clinic	4940 Carnegie Ave.	Mrs. Pauline Davis	Room 110 Miriam Tricarchi (Harriet Young)
2.	10:00-10:30	Travel			
3.	10:55-11:55	Communications Process and Review	4940 Carnegie Ave.	Mrs. Pauline Davis	Diagnostic Clinic Staff Room
4.	12:00				
5.	1:00-1:50				
6.	2:15-2:45				
7.	3:00-4:00	Diagnostic Reading Center	4940 Carnegie Ave.	Dr. Margaret Fleming Mrs. Pauline Davis Mrs. Juanita Logan	Debriefing

(Team)

Dr. Richard Dutro

READING INSTRUCTION PROGRAM

OBSERVATION SCALE
1974-75

February 27, 1975

	Time	School	Address	Principal	Consultant/Clinician
1.	9:00-9:50	Diagnostic Reading Center	4940 Carnegie Ave.	Mrs. Pauline Davis	Room 222 (Devonne Hunter) (Georgette Watson)
2.	10:00-10:30	Travel			
3.	11:00-11:55	Sowinski	7927 Sowinski Ave	Mr. Gerald Hughes	Betty Lane
4.	12:00-1:00	Lunch			
5.	1:00-1:30	Travel			
6.	1:55-2:55	Longwood	2525 East 35th St.	Mr. Harvey Williamson	Barbara Whittaker

February 28, 1975

1.	9:00-9:55	Walton	3409 Walton Ave.	Miss Mae Gutterman	Vivian Lee
2.	10:00-10:30	Travel			
3.	10:55-11:55	East Madison	1130 Addison Rd.	Mr. Carl Kavander	Frances Rasmusen
4.	12:00	Lunch			
5.	1:00-1:50	Diagnostic Reading Center	4940 Carnegie	Mrs. Pauline Davis	Room 208 (Barbara Fields) (Marzella Brown)
6.	2:00-2:50	Complete Reports, Expense Account, etc.			
7.	3:00-4:00	Diagnostic Reading Center	4940 Carnegie Ave.	Dr. Margaret Fleming Mrs. Pauline Davis Mrs. Juanita Logan	Debriefing

(Team)